

PAGE	1	OF	3
FOR SE OF FORM 24/48			

NAME OF COMMITTEE (In Full) <b>NEA Advocacy Fund</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="font-size: 1.5em; margin-right: 10px;">C</span> <span>C00489815</span> </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="font-size: 2em; margin: 0 10px;">➤</span> <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: flex; justify-content: flex-end; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">M M</div> <div style="margin: 0 5px;">/</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">D D</div> <div style="margin: 0 5px;">/</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y</div> </div>	

Full Name of Payee <b>SKD Knickerbocker LLC</b>		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>10 / 21 / 2016</div> </div>	
Mailing Address 1150 18th St. NW Ste 800		Amount <div> <div></div> <div>3855.68</div> </div>	
City Washington	State DC	Zip Code 20036	<b>Transaction ID : B633738</b> Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>10 / 21 / 2016</div> </div>
Purpose of Expenditure Radio Ad Production	Category/ Type	004	
Name of Federal Candidate Ayotte, Kelly, , ,	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: _____ State: <u>NH</u>
Calendar Year-To-Date Per Election for Office Sought	<div> <div></div> <div>1568439.86</div> </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ►

Full Name of Payee <b>Waterfront Strategies</b>		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>10 / 21 / 2016</div> </div>	
Mailing Address     3050 K St. NW, Ste 800		Amount <div> <div>Amount</div> <div>168518.00</div> </div>	
City Washington	State DC	Zip Code 20007	<b>Transaction ID : B633739</b> Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>10 / 21 / 2016</div> </div>
Purpose of Expenditure Radio Ad		Category/ Type     004	
Name of Federal Candidate Ayotte, Kelly, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House     District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate     State: <u>NH</u>
Calendar Year-To-Date Per Election for Office Sought		<div> <div>Amount</div> <div>1568439.86</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ►

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	172373.68
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Edwards, Michael, , ,*

*[Electronically Filed]*

Date \_\_\_\_\_

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 2 OF 3  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>NEA Advocacy Fund</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00489815	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>AL Media LLC</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 21 / 2016</b>		
Mailing Address <b>222 W. Ontario St. Ste 600</b>			Amount <b>131567.50</b>		
City <b>Chicago</b>	State <b>IL</b>	Zip Code <b>60654</b>	Transaction ID : <b>B633674</b>		
Purpose of Expenditure Digital advertising		Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 21 / 2016</b>		
Name of Federal Candidate <b>Clinton, Hillary, , ,</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>US</b>		
Calendar Year-To-Date Per Election for Office Sought		<b>222115.82</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee <b>New Media</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 21 / 2016</b>		
Mailing Address <b>1730 Rhode Island Ave NW, Suite 12</b>			Amount <b>22500.00</b>		
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20036</b>	Transaction ID : <b>B632874</b>		
Purpose of Expenditure Pandora advertising		Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 21 / 2016</b>		
Name of Federal Candidate <b>Juneau, Denise, , ,</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <b>01</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>MT</b>		
Calendar Year-To-Date Per Election for Office Sought		<b>23581.00</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>154067.50</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Edwards, Michael, , ,

[Electronically Filed]

Date

MM / DD / YYYY  
**10 / 21 / 2016**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 3 OF 3  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>NEA Advocacy Fund</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00489815	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>New Media</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 21 / 2016</b>	
Mailing Address 1730 Rhode Island Ave NW, Suite 12		Amount <b>70000.00</b>	
City Washington	State DC	Zip Code 20036	Transaction ID : <b>B632873</b> Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 21 / 2016</b>
Purpose of Expenditure On-line advertising		Category/ Type <b>004</b>	
Name of Federal Candidate McGinty, Katie, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>PA</b>
Calendar Year-To-Date Per Election for Office Sought		<b>228216.27</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure		Category/ Type	
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>70000.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<b>396441.18</b>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Edwards, Michael, , ,

[Electronically Filed]

Date

MM / DD / YYYY  
**10 / 21 / 2016**

Signature